01/28/2010 20:26

Image# 10930199786

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Health Care Association Political Action Committee 1201 L Street, NW ADDRESS (number and street) Check if different than previously DC 20005 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00006080 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 12 0 1 2009 12 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Leonard Russ Type or Print Name of Treasurer Electronically Filed by Mr. Leonard Russ 0 1 28 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/32

Write or Type Committee Name American Health Care Association Political Action Committee

FEC Form 3X (Rev. 02/2003)

D D " D 12 0 1 2009 12 31 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 121831.57 January 1 (b) Cash on Hand at 157126.09 Begining of Reporting Period ..... 12276.30 841471.57 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 169402.39 963303.14 6(a) and 6(c) for Column B) ..... 40505.25 834406.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 128897.14 128897.14 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 32

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

D D D

2009

то:

м м 1 2 <sup>D</sup> 31

<sup>Y</sup> 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		_
Than Political Committees (i) Itemized (use Schedule A)	11452.44	752506.13
(ii) Unitemized	823.86	78965.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12276.30	831471.57
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	10000.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12276.30	841471.57
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12276.30	841471.57
. Total Federal Receipts (subtract Line 18(c) from Line 19)	12276.30	841471.57

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 32

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Op	perating Expenditures: Shared Federal/Non-Federal		
(a)	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating	755.05	15100.00
(-)	Expenditures	755.25	15186.00
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	755.25	15186.00
2. Tra	ansfers to Affiliated/Other Party		
	ommitteesontributions to	0.00	0.00
5. Co	deral Candidates/Committeesd Other Political Committees	39750.00	819220.00
	d Other Political Committees	33730.00	013220.00
(us	se Schedule E)	0.00	0.00
5. Co Co (us	ordinated Expenditures Made by Party mmittees (2 U.S.C. 441a(d)) se Schedule F)	0.00	0.00
	an Repayments Made	0.00	0.00
7. Loa	ans Made	0.00	0.00
-	funds of Contributions To:		
(a)	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees		
	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		
9. Oth	ner Disbursements	0.00	0.00
0. Fe	deral Election Activity (2 U.S.C 431(20))		
(a	Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
(b	o) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(0	c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. To	otal Disbursements (add Lines 21(c), 22,		
23	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	40505.25	834406.00
	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	40505.05	201122 22
fro	om Line 31)	40505.25	834406.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 32

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3.	Total Contributions (other than loans) from Line 11(d), page 3)	12276.30	841471.57
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	12276.30	841471.57
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	755.25	15186.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	755.25	15186.00

FE6AN026

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 32 (check only one)    X   11a
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full)  American Health Care Associated in the commercial purposes and the commercial purposes and the commercial purposes and the commercial purposes are considered in the commercial purposes.	n using the name and a	ddress of any political committee to	oon for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initity Terry Bane Mailing Address 1469 Humbo # 175  City Chico FEC ID number of contributing federal political committee.  Name of Employer President  Receipt For: Primary General	State CA  C  Occupati Riversic	Zip Code 95928-9116  on de Health Care Corp. te Year-to-Date ▼  1250.00	Date of Receipt  1 2
Full Name (Last, First, Middle Initice Cecil Barcelo Mailing Address 411 Alabama City  League City  FEC ID number of contributing federal political committee.  Name of Employer Baywind Village  Receipt For:  Primary General	State TX C Occupati Adminis	Zip Code 77573-2615  on strator te Year-to-Date ▼	Date of Receipt    M M M
Full Name (Last, First, Middle Initic Lyn Bentley Mailing Address 1201 L Street  City Washington  FEC ID number of contributing federal political committee.  Name of Employer AHCA  Receipt For: Primary Other (specify)	State DC C Occupati Director		Date of Receipt  M M M / D D D 2 2 0 0 9  Transaction ID: C814256  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page	optional)		520.00

## SCHEDULE A (FEC Form 3X)

ITE	HEDULE A (FEC Form 3X)  EMIZED RECEIPTS	Nation and a second	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 32 (check only one)    X   11a
or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Po	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A.</b> <u>L</u>	Full Name (Last, First, Middle Initial) Lyn Bentley Mailing Address 1201 L Street NW			Date of Receipt
7	Dity Washington FEC ID number of contributing	State DC	Zip Code 20005	Transaction ID: C820292  Amount of Each Receipt this Period  20.00
N #	Name of Employer AHCA  Receipt For:  Primary  General	Occupatio Director	n Year-to-Date ▼	
<b>B.</b> <u>J</u>	Other (specify) ▼  Full Name (Last, First, Middle Initial)  Jim Cooper  Mailing Address PO Box 506	0 0		Date of Receipt  1 2 0 1 2 0 0 9
<u> </u>	Dity  Melbourne FEC ID number of contributing ederal political committee.	State AR	Zip Code 72556-0506	Transaction ID: C810283  Amount of Each Receipt this Period  300.00
( <u>t</u>	Name of Employer Cooper Management Corpora- ion Receipt For: Primary General Other (specify)	Occupatio Admistra Aggregate		
C. <u>(</u>	Full Name (Last, First, Middle Initial) Gregory J. Elliot Mailing Address AMFM, Inc. 240 Capitol Street			Date of Receipt  1 2 0 3 2 0 0 9
<u>(</u> F	City Charleston FEC ID number of contributing ederal political committee.	State WV	Zip Code 25301-2297	Transaction ID: C811710  Amount of Each Receipt this Period  72.00
<u> </u>	Name of Employer AMFM, Inc.	Occupatio IT Coord		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 604.00	
	BTOTAL of Receipts This Page (optional)	1		392.00

## SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 32 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	olitical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Teresa Eyet  Mailing Address 1201   Street NW	Date of Receipt		
				12 08 2009
	City Washington	State DC	Zip Code 20001	Transaction ID: C814257  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer AHCA	Occupation Education		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	
_	Full Name (Last, First, Middle Initial) Teresa Eyet	Date of Receipt		
	Mailing Address 1201 L Street NW			12 29 2009
	City	State	Zip Code	Transaction ID: C820293
	Washington DC		20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer AHCA	Occupation Education		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		520.00	
	Full Name (Last, First, Middle Initial) Susan Feeney			Date of Receipt
	Mailing Address 7005 Metropolitan PI			12 08 YYYYY 12009
	City	State	Zip Code	Transaction ID: C814258
	Falls Church FEC ID number of contributing	VA	22043-2330	Amount of Each Receipt this Period
	federal political committee.	C		19.24
	Name of Employer American Health Care Asso- ciation	_ '	sident, Public Affairs	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
		1		59.24

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 32 (check only one)  X 11a 11b 11c 12  13 14 15 16 17			
Any information copied from such Rep or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any person using the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.			
	ation Political Action Committee				
Full Name (Last, First, Middle Initia Susan Feeney  Mailing Address 7005 Metropo	,	Date of Receipt			
·		12 24 2009			
City <u>Falls Church</u>	State Zip Code VA 22043-2330	Transaction ID: C820294  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	19.24			
Name of Employer American Health Care Asso- ciation	Occupation Vice President, Public Affairs				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]			
Lowell Feldman					
Mailing Address 163 West King	Mailing Address 163 West Kingsbridge Road				
City	State Zip Code	Transaction ID: C815154			
Bronx  FEC ID number of contributing federal political committee.	NY 10463	Amount of Each Receipt this Period  1000.00			
Name of Employer Terrace Healthcare Center, Inc	Occupation Administrator				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00				
Full Name (Last, First, Middle Initia Debbie Goswick		Date of Receipt			
Mailing Address PO Box 9559		12 03 7 2009			
City	State Zip Code	Transaction ID: C811712			
Huntsville  FEC ID number of contributing federal political committee.	TX 77340	Amount of Each Receipt this Period 500.00			
Name of Employer Green Acres of Huntsville	Occupation Administrator				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (c	optional)	1519.24			
	ne number only)				

Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Health Care Association I  Full Name (Last, First, Middle Initial)  Bill Hartung  Mailing Address 1210 Massachusetts	the name and address of	any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bill Hartung			
Mailing Address 1210 Massachusetts	Avenue, NW		Date of Receipt
#407	0		12 08 2009
City Washington		o Code 0005	Transaction ID: C814260  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1003	10.00
Name of Employer American Health Care Association Receipt For:  Primary  General  Other (specify) ▼	Occupation Vice President Aggregate Year-to	o-Date ▼ 260.00	]
Full Name (Last, First, Middle Initial) Bill Hartung	0 0 0	0 0 0 0 0	Date of Receipt
Mailing Address 1210 Massachusetts #407	12 24 2009		
City		o Code	Transaction ID: C820296
Washington  FEC ID number of contributing federal political committee.	DC 20	0005	Amount of Each Receipt this Period
Name of Employer American Health Care Asso- ciation	Occupation Vice President		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	o-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) David Hebert			Date of Receipt
Mailing Address 7605 Ridgecrest Dri	ve		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		o Code	Transaction ID: C814297
Alexandria  FEC ID number of contributing federal political committee.	VA 22	2308-1049	Amount of Each Receipt this Period  38.47
Name of Employer AHCA	Occupation Senior Vice Pre	esident of Advocacy	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to		
SUBTOTAL of Receipts This Page (optional	)		58.47

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 32 (check only one)    X
or for commercial purpose  NAME OF COMMITTI	es, other than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, David Hebert Mailing Address 760  City Alexandria  FEC ID number of confederal political commit  Name of Employer AHCA	D5 Ridgecrest Drive State VA tributing	Zip Code 22308-1049	Date of Receipt  1 2 2 4 2 0 0 9  Transaction ID: C820300  Amount of Each Receipt this Period  38.47
Receipt For: Primary Other (specify)	General	vice President of Advocacy te Year-to-Date ▼ 1100.21	]
	99 Mission Hills Road	7. 0.4	Date of Receipt  1 2 0 8 2 0 0 9
City  Mission Hills  FEC ID number of confederal political commi	tee.	Zip Code 91345-1102	Transaction ID: C814254  Amount of Each Receipt this Period  500.00
Name of Employer Ararat Nursing Facility  Receipt For: Primary Other (specify)	Aggregation Aggregation General		
Full Name (Last, First, Norm Hyatt Mailing Address 510	Middle Initial)  22 Scenic Dr		Date of Receipt  1 2 0 7 2 0 0 9
City Yakima FEC ID number of confederal political commi		Zip Code 98908-2229	Transaction ID: C815156  Amount of Each Receipt this Period  250.00
Name of Employer Hyatt Management Co	Occupati		
Receipt For: Primary Other (specify)	General	te Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts	This Page (optional)		788.47

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>K</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 32 (check only one)    X	
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Health Care Association	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Cheryl Killian Mailing Address 3801 Woodside Dr			Date of Receipt	
Mailing Address 3801 Woodside Dr  City	State	Zip Code	1 2 2 4 2 0 0 9  Transaction ID: C820380	
Arlington	TX	76016-3030	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		25.00	
Name of Employer Legacy Care Centers Inc.	Occupation Presiden			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) David Kyllo			Date of Receipt	
Mailing Address 4621 28th Road South			1 2 0 8 2 0 0 9 Transaction ID: C814298	
City	,			
Arlington  FEC ID number of contributing federal political committee.	C	22206	Amount of Each Receipt this Period  39.56	
Name of Employer AHCA	Occupation Director,	n Assisted Living		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1028.56		
Full Name (Last, First, Middle Initial) David Kyllo	I		Date of Receipt	
Mailing Address 4621 28th Road So	outh		12 29 7 2009	
City	State	Zip Code	Transaction ID: C820301	
Arlington	VA	22206	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		39.56	
Name of Employer AHCA		Assisted Living		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1028.56	]	
SUBTOTAL of Receipts This Page (optional			104.12	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (check only one)		
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Health Care Association	the name and address of any political con	rany person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Paul Langevin, Jr.  Mailing Address 4 AAA Drive Suite 203		Date of Receipt  1 2 3 1 2 0 0 9		
City Hamilton  FEC ID number of contributing federal political committee.	State Zip Code NJ 08691	Transaction ID: C820463  Amount of Each Receipt this Period  500.00		
Name of Employer Health Care Association of New Jersey Receipt For: Primary General Other (specify)	Occupation State Executive Aggregate Year-to-Date ▼	0.00		
Full Name (Last, First, Middle Initial) Cynthia Klisz Morton Mailing Address 4609 Overbrook Ro	Date of Receipt  1 2 0 8 2 0 0 9			
City	•			
Bethesda	MD 20816	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	90.63		
Name of Employer American Health Care Asso- ciation	Occupation Government Affairs			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	2.44		
Full Name (Last, First, Middle Initial) Cynthia Klisz Morton		Date of Receipt		
Mailing Address 4609 Overbrook Ro	ad	12 24 2009		
City	State Zip Code	Transaction ID: C820302		
Bethesda	MD 20816	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	90.63		
Name of Employer American Health Care Asso- ciation	Occupation Government Affairs			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	2.44		
SUBTOTAL of Receipts This Page (optiona	`	681.26		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/32 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	American Health Care Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly			Date of Receipt
	Mailing Address 4005 Nellie Custis Dr	0	7: 0 !	12 08 2009
	City Arlington	State VA	Zip Code 22207-5107	Transaction ID: C814300
	FEC ID number of contributing federal political committee.	C	22207-5107	Amount of Each Receipt this Period  20.00
	Name of Employer AHCA	Occupation Sr. Direct	on etor of Congressional Affairs	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 620.00	
- В.	Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly Mailing Address 4005 Nellie Custis Dr			Date of Receipt
	Maining Address 4003 Neille Custis Di			12 24 2009
	City	State	Zip Code	Transaction ID: C820303
	Arlington	VA	22207-5107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer AHCA		ctor of Congressional Affairs	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 620.00	
с. С.	Full Name (Last, First, Middle Initial) Julie Painter			Date of Receipt
	Mailing Address 3614 Connecticut Ave Apt 22	12 08 2009		
	City	State DC	Zip Code	Transaction ID: C814301
	Washington  FEC ID number of contributing federal political committee.	C	20008-2436	Amount of Each Receipt this Period  11.54
	Name of Employer AHCA	Occupation Senior D	on Director of Constituency Affair	- r
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	1		51.54
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 32 (check only one)    X
or for commercial purposes, other than L  NAME OF COMMITTEE (In Full)  American Health Care Associate	ising the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Julie Painter		Date of Receipt
Julie Painter  Mailing Address 3614 Connectic Apt 22	eut Ave NW	1 2 2 4 2 0 0 9
City	State Zip Code	Transaction ID: C820304
Washington	DC 20008-2436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11.54
Name of Employer AHCA	Occupation Senior Director of Constituency Affair	_ r
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Wade Peterson		Date of Receipt
Mailing Address MedCenter One 201 14th Street		12 08 2009
City	State Zip Code	Transaction ID: C813686
Mandan	ND 58554-2063	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MedCenter One Care Center	Occupation Administrator	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Emmett Reed	I	Date of Receipt
Mailing Address Florida Health ( PO Box 1459	Care Association	12 08 2009
City	State Zip Code	Transaction ID: C813684
<u>Tallahassee</u>	FL 32301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	334.00
Name of Employer Florida Health Care Assoc- iation	Occupation Executive Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 767.00	
SUBTOTAL of Receipts This Page (on	tional)	595.54

TOTAL This Period (last page this line number only) .....

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and Star for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) American Health Care Association Polit	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<b>∠</b> <b>A.</b>	Full Name (Last, First, Middle Initial) Shari Richey  Mailing Address Southwood Nursing & F 200 Southwood Drive  City Henderson  FEC ID number of contributing federal political committee.  Name of Employer Southwood Nursing & Rehabilitation Cen	State TX C Occupatio Administ	Zip Code 75652	Date of Receipt  1 2 0 8 2 0 0 9  Transaction ID: C814253  Amount of Each Receipt this Period  500.00
_	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	]
B.	Full Name (Last, First, Middle Initial) Leonard Russ  Mailing Address 40 Keogh Lane  City  New Rochelle  FEC ID number of contributing federal political committee.  Name of Employer Bayberry Nursing Home  Receipt For:		Zip Code 10805-1308  n dministrator e Year-to-Date	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
_ C.	Primary General Other (specify)  Full Name (Last, First, Middle Initial) Shelley Sabo Mailing Address 6360 Tisbury Dr	, and the second	5000.00	Date of Receipt  M M M / D D / Y Y Y Y Y
	PAYROLL DEDUCTION  City  Burke  FEC ID number of contributing federal political committee.  Name of Employer NCAL  Receipt For:  Primary  Other (specify)	State VA  C Occupation Director	Zip Code 22015-4061  n Assisted Living e Year-to-Date  260.00	Transaction ID: C814303  Amount of Each Receipt this Period  10.00
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number o		<u> </u>	1010.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 32 (check only one)    X   11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Health Care Association Po	olitical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Shelley Sabo			Date of Receipt
	Mailing Address 6360 Tisbury Dr PAYROLL DEDUCTION	ON		12 29 2009
	City	State	Zip Code	Transaction ID: C820306
	Burke	VA	22015-4061	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer NCAL	Occupation Director	on Assisted Living	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	260.00	
- В.	Full Name (Last, First, Middle Initial) John Kennon Shea			Date of Receipt
	Mailing Address 5120 Rockridge Rd.			1 2 1 1 2 0 0 9
	City	State	Zip Code	Transaction ID: C815063
	La Mesa	CA	91941	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer Kennon S. Shea & Associat- es		are Executive	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		5000.00	
c. –	Full Name (Last, First, Middle Initial) Jennifer Shimer			Date of Receipt
	Mailing Address 9507 Shelly Krasnow	Ln		12 08 2009
	City	State	Zip Code	Transaction ID: C814304
	<u>Fairfax</u>	VA	22031-4720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		11.54
	Name of Employer AHCA	Occupation COO	on	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .			5021.54
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 32 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full)  American Health Care Association Pol	itical Action	Committee	
Full Name (Last, First, Middle Initial) Jennifer Shimer			Date of Receipt
Mailing Address 9507 Shelly Krasnow L	_n		12 24 2009
City	State	Zip Code	Transaction ID: C820307
<u>Fairfax</u>	VA	22031-4720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		11.54
Name of Employer AHCA	Occupation COO	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Matthew D. Smyth			Date of Receipt
Mailing Address 1201 L Street NW			1 2 0 8 2 0 0 9
City	State	Zip Code	Transaction ID: C814305
Washington	DC	20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.24
Name of Employer American Health Care Asso- ciation	Occupation Director	of Grassroots	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.23	
Full Name (Last, First, Middle Initial) Matthew D. Smyth			Date of Receipt
Mailing Address 1201 L Street NW			12 24 2009
City	State	Zip Code	Transaction ID: C820308
Washington	DC	20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer American Health Care Asso- ciation	Occupation Director	n of Grassroots	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.23	
SUBTOTAL of Receipts This Page (optional)		······································	50.02

TOTAL This Period (last page this line number only) .....

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В.

PAGE 19/32 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Ruth Stelly Mailing Address 325 Bacque Crescent Drive 12 03 2009 City State Zip Code Transaction ID: C811713 Lafayette 70503 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Nexion Health Occupation Administrator Receipt For: Aggregate Year-to-Date Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) Harvey Tettlebaum Date of Receipt Mailing Address 56295 Little Moniteau Road 8 0 2009 City State Zip Code Transaction ID: C814255 California MO 65018-3069 Amount of Each Receipt this Period FEC ID number of contributing C 101.00 federal political committee. Name of Employer Husch & Eppenberger,LLC Occupation lawyer Receipt For: Aggregate Year-to-Date ▼ Primary General 201.00

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	601.00
TOTAL This Period (last page this line number only)	<b>•</b>	11452.44

Other (specify)

В.

President

District:

ige# 10930199805				
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER:	PAGE 20/32
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)  American Health Care Association Politic	al Action Committee			
Full Name (Last, First, Middle Initial) BB & T CREDIT CARD			Transaction ID: [ Date of Disburseme	ent
Mailing Address 2200 Wilson Blvd Ste 200			12 31	<sup>'</sup> 2009
City Arlington	State Zip Code VA 22201-3324		Amount of Each Dis	sbursement this Period
Purpose of Disbursement CC FEES				553.28
Candidate Name		Category/ Type		
Office Sought: House Disbur Senate President State: District:	sement For:  Primary General  Other (specify) ▼			
Full Name (Last, First, Middle Initial) BB & T			Transaction ID: [ Date of Disburseme	ent
Mailing Address PO Box 819 Operations Center			1 2 3 1	<sup>'</sup> 2009
City Wilson	State Zip Code NC 27894-0819		Amount of Each Dis	sbursement this Period
Purpose of Disbursement Bank Fees				201.97
Candidate Name		Category/ Type		
Office Sought: House Disbur Senate	sement For: Primary General			

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	755.25
TOTAL This Period (last page this line number only)	•	755.25

Other (specify)

State:

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 21/32
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)  American Health Care Association Politica	•			Superior Sup
Full Name (Last, First, Middle Initial) Stephens for Congress			Transaction ID: Date of Disbursem	ent
Mailing Address 2300 Bethelview Road Suite 110-450				
,	State Zip Code GA 30040		Amount of Each D	isbursement this Period
Purpose of Disbursement Voided Contribution of 6/26/2009				-2500.00
Candidate Name Stephens for Congress		Category/ Type		
	ment For: 2010 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) Country First Political Action Committee, In	nc.		Transaction ID: Date of Disbursem	ent
Mailing Address 228 S Washington Street Suite 115			12 18	Y ŽOÕ9
,	State Zip Code VA 22314		Amount of Each D	isbursement this Period
Purpose of Disbursement Contributions to Federal PACs				1000.00
Candidate Name Country First Political Action Committee, In	nc.	Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE			Transaction ID: Date of Disbursem	ent
Mailing Address 424 C Street NE Basement UNIT			12 18	y žoš9
	State Zip Code DC 20002		Amount of Each D	isbursement this Period
Purpose of Disbursement Contributions To Federal PACS/Committees				2500.00
Candidate Name FREEDOM PROJECT; THE		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>		1000.00
TOTAL This Period (last page this line number only)				

		B (FEC Form : SBURSEMEN	•	for each	arate schedule(s) category of the		_	eck on	NUMBI ly one)	_	00			22 / : 1 os	32
					Summary Page		$\mathbb{H}$	21b 27	22 28a		23 28b	24	c $\square$	25 29	
		ed from such Reports rposes, other than usir													8
١	NAME OF COMM American Heal	MITTEE (In Full) th Care Associatio	n Political	Action C	Committee										
	Full Name (Last, NEW MILLENI	First, Middle Initial) NIUM PAC							Date	of Dis	sburs	: D90 ement			
Ī	Mailing Address	PO Box 632							1 <sup>M</sup> 2	M /	D 1	8	2	0 0 9	) Y
	City Union City			State NJ	Zip Code 07087-0632				Amo	unt of	Each	Disbur			
	Purpose of Disbu Contribution to Fe	irsement ederal PAC/Committee	es			Г	•		L	-	-		50	00.00	)
	Candidate Name NEW MILLENI	NIUM PAC					atego Type								
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (sp	General ecify) ▼										
	State: Full Name (Last.	District: First, Middle Initial)							T	00041	n In	. Doo	600		
	NODAK PAC								Date	of Dis	sburs	: D90 ement		,	14
1	Mailing Address	PO Box 75214							1 <sup>M</sup> 2	M /		4	2	0 0 9	) Y
	City Washington			State DC	Zip Code 20013				Amo	unt of	Each	Disbur	semer	t this f	Perio
Ī	Purpose of Disbu	rsement Federal PACs/Commit	rees			Г			j L				50	00.00	)
(	Candidate Name NODAK PAC						atego Type	-							
	Office Sought: State:	House Senate President District:	Disburse	ment For: Primary Other (sp	2010  X General ecify)										
ı	Full Name (Last,	First, Middle Initial) REEDOM PAC							1			: D91 ement	925		
Ī	Mailing Address	PO BOX 1995							1 <sup>M</sup> 2	M /	D 3	3 <b>1</b> /	Y	0 0 9	) Y
	City LEXINGTON			State SC	Zip Code 29071				Amo	unt of	Each	Disbur	semer	t this f	Perio
	Purpose of Disbu Voided Contributi					Г	U						-10	00.00	)
	Candidate Name PALMETTO FI	REEDOM PAC					atego Type	-							
(	Office Sought:	House Senate President	Disburse	ment For: Primary Other (sp	2010  X General ecify)										
,	State:	District:		- (-P	<i>→</i> , <b>▼</b>										
										-	-			00.00	-

Temized DISBURSEMENTS    for each category of the	SCHEDULE B (FEC FOIII 3X)	Use separate schedule	(S)   (check onl	NUMBER: PAGE 23/32
NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS INC.  Mailing Address POB 640  City State Zip Code NJ 07511 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ball Pascrell, Jr.  Office Sought: X House Sanate President Sanate TX 78212  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Charles A. Gonzalez  Office Sought: X House Sanate President State: TX District: 20  City State Zip Code NJ 07511  District: 08  Transaction ID: D90848 Date of Disbursement this Peric Category' Type  Transaction ID: D90848 Date of Disbursement Ty Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Detailed Summary Pag	21b 27	22 X 23 24 25 28a 28b 28c 29
American Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS INC.  Mailing Address POB 640  City State Zip Code NJ 07511 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bill Pascrell, Jr.  Office Sought: X House Sanate President TX 78212  City State Zip Code NJ 07511  Purpose of Disbursement President State: NJ District: 08  Full Name (Last, First, Middle Initial) ChARLES A. Gonzalez  Office Sought: X House President State: TX District: 20  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address PO Box 80126  City Sanate Condidates Candidate Name Rep. Charles A. Gonzalez  Office Sought: X House President State: TX District: 20  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address PO Box 80126  City Lafayette La Zip Code Category/ Type  Other (specify) ▼  Transaction ID: D90848  Date of Disbursement this Peric Category/ Type  Transaction ID: D90848  Date of Disbursement this Peric Category/ Type  Transaction ID: D90848  Date of Disbursement this Peric Category/ Type  Transaction ID: D90848  Date of Disbursement this Peric Category/ Type  Transaction ID: D90848  Date of Disbursement this Peric Category/ Type  Transaction ID: D90848  Date of Disbursement this Peric Category/ Type  Transaction ID: D90848  Date of Disbursement this Peric Category/ Type  Transaction ID: D90848  Date of Disbursement this Peric Category/ Type  Transaction ID: D90848  Amount of Each Disbursement this Peric Category/ Type  Transaction ID: D90848  Date of Disbursement this Peric Category/ Type  Transaction ID: D90848  Date of Disbursement this Peric Category/ Type  Date of Disbursement this Peric Category/ Type  Other (specify) ▼  Category/ Type  Disbursement this Peric Category/ Type  Other (specify) ▼  Category/ Type  Disbursement this Peric Category/ Type  Other (specify) ▼  Other (specify) ▼  Disbursement this Peric Category/ Type  Disbursement this Peric Ca	or for commercial purposes, other than using the na			
PASCRELL FOR CONGRESS INC.  Mailing Address POB 640  City State Zip Code NJ 07511  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Charles A. Gonzalez  City San Antonio TX 78212  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Charles A. Gonzalez  City San Antonio TX 78212  Purpose of Disbursement Contributions to Federal Candidates Candidates Candidates Po Box 12612  City San Antonio TX 78212  Purpose of Disbursement Contributions to Federal Candidates Candidates Candidate Name Rep. Charles A. Gonzalez  Office Sought: X House Senate President State: TX District: 20 Disbursement For: 2010  X Primary General Candidates Candidates Candidates Candidates Candidates Candidates Po Box 80126  City San Antonio TX 78212  Purpose of Disbursement Contributions to Federal Candidates	` '	ical Action Committee		
City State Zip Code NJ 07511  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Bill Pascrell, Jr.  Office Sought: X House Senate President State: NJ District: 08  Full Name (Last, First, Middle Initial)  Charles A. Gonzalez  Office Sought: X House Senate S	,			Date of Disbursement
Totowa NJ 07511  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bill Pascrell, Jr.  Office Sought:	Mailing Address POB 640			12 14 2009
Contributions to Federal Candidates Candidate Name Rep. Bill Pascrell, Jr.  Office Sought:	Totowa		_	
Rep. Bill Pascrell, Jr.  Office Sought:	Contributions to Federal Candidates			1000.00
Senate President  State: NJ District: 08  Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN  Mailing Address PO Box 12612  City San Antonio TX 78212  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Charles BOUSTANY JR MD FOR CONGRESS INC  Mailing Address PO Box 80126  City State Zip Code TX 78212  Amount of Each Disbursement this Peric Type  Category/ Type  Category/ Type  Transaction ID: D90848 Date of Disbursement  Category/ Type  Category/ Type  Transaction ID: D90290  Amount of Each Disbursement this Peric  Transaction ID: D90290  Date of Disbursement Eor:  2010  Transaction ID: D90290 Date of Disbursement  Type  City State Zip Code Lafayette	Rep. Bill Pascrell, Jr.			
Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN  Mailing Address PO Box 12612  City State Zip Code San Antonio TX 78212  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Charles A. Gonzalez  Office Sought: X House President State: TX District: 20  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address PO Box 80126  City State Zip Code X Primary General Disbursement For: 2010 X Primary General District: 20  City State Zip Code LA 70598  City State Zip Code LA 70598  City Category/ Type  Office Sought: X House Category/ Charles W. Boustany, Jr.  Office Sought: X House Category/ Type  Office Sought: X Primary General Other (specify) ▼  Amount of Each Disbursement  Other (specify) Type  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼	Senate President	X Primary Gener	al	
City State Zip Code TX 78212  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Charles A. Gonzalez  Office Sought: X House Senate President State: TX District: 20  Full Name (Last, First, Middle Initial)  CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address PO Box 80126  City State Zip Code LA 70598  Purpose of Disbursement Contributions to Federal Candidates  Cardidate Name Rep. Charles W. Boustany, Jr.  Office Sought: X House Senate Disbursement For: 2010  State Zip Code LA 70598  Category/ Type  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Period State St	Full Name (Last, First, Middle Initial)	IONAL CAMPAIGN		
San Antonio  TX 78212  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Charles A. Gonzalez  Office Sought:  X House Senate President State: TX District: 20  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address PO Box 80126  City Lafayette Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Charles W. Boustany, Jr.  Office Sought: X Primary General Other (specify)  Transaction ID: D90290 Date of Disbursement  Mailing Address  Amount of Each Disbursement this Peric  Category/ Type  Category/ Type  Category/ Type  Office Sought: X Primary General Other (specify)  Other (specify)  Other (specify)  Transaction ID: D90290 Date of Disbursement  Category/ Type  Category/ Type  Other (specify)	Mailing Address PO Box 12612			12 M / D 18 / Y 2009
Contributions to Federal Candidates  Candidate Name Rep. Charles A. Gonzalez  Office Sought:	•			Amount of Each Disbursement this Period
Rep. Charles A. Gonzalez  Office Sought:				1000.00
Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address PO Box 80126  City State Zip Code LA 70598  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Charles W. Boustany, Jr.  Office Sought: X House Senate President  Senate President  X Primary General Other (specify) ▼  Transaction ID: D90290 Date of Disbursement  Date of Disbursement  Amount of Each Disbursement this Period Category/ Type  Category/ Type  Other (specify) ▼  Other (specify) ▼				
Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address PO Box 80126  City State Zip Code Lafayette LA 70598  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Charles W. Boustany, Jr.  Office Sought: X House Senate President  Disbursement For: 2010 X Primary General Other (specify)  Other (specify)	Senate President	X Primary Gener	al	
City State Zip Code LA 70598  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Charles W. Boustany, Jr.  Office Sought: X House Senate President Other (specify) Fresident  State Zip Code LA 70598  Amount of Each Disbursement this Period Category/ Type  Category/ Type  Other (specify) Fresident  Other (specify) Fresident	Full Name (Last, First, Middle Initial)	NGRESS INC		
Lafayette LA 70598  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Charles W. Boustany, Jr.  Office Sought: X House Senate President  President  LA 70598  1000.00  Category/ Type  Category/ Type  Other (specify) ▼	Mailing Address PO Box 80126			12 0 0 1 7 2 0 0 9
Contributions to Federal Candidates  Candidate Name Rep. Charles W. Boustany, Jr.  Office Sought:  X House Senate President  Disbursement For:  X Primary General Other (specify)				
Rep. Charles W. Boustany, Jr.  Office Sought:  X House Senate President  Disbursement For:  X Primary General Other (specify)  Other (specify)	Contributions to Federal Candidates			1000.00
Senate X Primary General President Other (specify) ▼	Rep. Charles W. Boustany, Jr.			
State: LA DISTRICT: U/			al	
	President			

IT	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 27	7 one)
	y Information copied from such Reports and S for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) American Health Care Association Po				
<u>/</u>	Full Name (Last, First, Middle Initial) CHRIS LEE FOR CONGRESS				Transaction ID: D90689 Date of Disbursement
	Mailing Address PO Box 15395				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 12 \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 14 \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
	City Rochester	State NY	Zip Code 14615		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name			Category/	4000.00
	Rep. Christopher J. Lee	sbursement For:	2010	Type	
	Senate President	X Primary Other (spe	General ecify) ▼		
	State: NY District: 26  Full Name (Last, First, Middle Initial)  CHRIS LEE FOR CONGRESS				Transaction ID: D90690 Date of Disbursement
	Mailing Address PO Box 15395				$\begin{bmatrix}\begin{smallmatrix}M&M&M\\1&2&M\end{smallmatrix}\end{bmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}D&1&D\\1&4\end{smallmatrix}\end{bmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&0&9\end{smallmatrix}\end{bmatrix}^{\prime}$
	City Rochester	State NY	Zip Code 14615		Amount of Each Disbursement this Period
	Purpose of Disbursement				1000.00
	Contributions to Federal Candidates				
	Candidate Name Rep. Christopher J. Lee			Category/ Type	
	Candidate Name Rep. Christopher J. Lee  Office Sought: X House Senate President	sbursement For: Primary Other (spe	2010  X General ecify)		
	Candidate Name Rep. Christopher J. Lee  Office Sought: X House Dis	Primary	X General		Transaction ID: D90681 Date of Disbursement
	Candidate Name Rep. Christopher J. Lee  Office Sought: X House Senate President State: NY District: 26  Full Name (Last, First, Middle Initial)	Primary	X General		
	Candidate Name Rep. Christopher J. Lee  Office Sought: X House Senate President State: NY District: 26  Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS	Primary	X General		Date of Disbursement    M
	Candidate Name Rep. Christopher J. Lee  Office Sought: X House Senate President State: NY District: 26  Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS  Mailing Address P.O. Box 9336  City Fargo Purpose of Disbursement Contributions to Federal Candidates	Primary Other (spe	X General ecify) ▼  Zip Code	Type	Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Candidate Name Rep. Christopher J. Lee  Office Sought: X House Senate President State: NY District: 26  Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS  Mailing Address P.O. Box 9336  City Fargo Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Earl Pomeroy	Primary Other (spe	X General ecify) ▼  Zip Code		Date of Disbursement    M
	Candidate Name Rep. Christopher J. Lee  Office Sought: X House Senate President State: NY District: 26  Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS  Mailing Address P.O. Box 9336  City Fargo Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Earl Pomeroy	Primary Other (spe	X General ecify)   Zip Code 58106	Type  Category/	Date of Disbursement    M

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS  Mailing Address PO BOX 3176  City City City City Contributions to Federal Candidates Candidate Name Rep. Frank Pallone, Jr.  Office Sought: X House Senate President State: NJ District: 06  Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER  Mailing Address 7908-I2 Cincinnati Dayton Road  City City City State City City State City State City Cote OH 45069  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Frank Pallone, Jr.  Office Sought: X House Senate OH 45069  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. John A. Boehner  Office Sought: X House Senate OH 45069  Purpose of Disbursement Category' Type  Transaction ID: D90298 Date of Disbursement Tity Y 0 0 1 Y 2 0 0 9  Amount of Each Disbursement this Peric Tity Y 0 0 1 Y 2 0 0 9  Amount of Each Disbursement Tity Y 0 0 1 Y 2 0 0 9  Amount of Each Disbursement this Peric Tity Y 0 0 1 Y 2 0 0 9  Amount of Each Disbursement Tity Y 0 0 1 Y 2 0 0 9  Transaction ID: D90298 Date of Disbursement Tity Y 0 0 1 Y 2 0 0 9  Transaction ID: D90298 Date of Disbursement Tity Y 0 0 1 Y 2 0 0 9  Transaction ID: D90298 Date of Disbursement Tity Y 0 0 1 Y 2 0 0 9  Transaction ID: D90298 Date of Disbursement Tity Y 0 0 1 Y 2 0 0 9  Transaction ID: D90298 Date of Disbursement Tity Y 0 0 1 Y 2 0 0 9  Transaction ID: D90298 Date of Disbursement Tity Y 0 0 1 Y 2 0 0 9	SCHEDULE B (FEC Form 3)	Use separate schedule	s) FOR LINE (check only	NUMBER: PAGE 25/32 y one)
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Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS  Mailing Address 14 KNIGHTSWOOD DRIVE  City State Zip Code MARLTON NJ 08053  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. John H. Adler  Office Sought: X House Disbursement For: 2010 Senate President  Transaction ID: D90294 Date of Disbursement  M	Senate President	X Primary General		
Mailing Address 14 KNIGHTSWOOD DRIVE  City State Zip Code MARLTON NJ 08053  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. John H. Adler  Office Sought: X House Senate President  Disbursement For: 2010  X Primary General Other (specify) ▼	Full Name (Last, First, Middle Initial)			
MÅRLTON  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. John H. Adler  Office Sought:  X House Senate President  Disbursement For: Senate President  Other (specify)   Other (specify)	Mailing Address 14 KNIGHTSWC	OD DRIVE		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} & \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} & \begin{smallmatrix} Y & \begin{smallmatrix} Y & \begin{smallmatrix} Y & & & & & & & & & & &$
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Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS  Mailing Address PO Box 5458			Transaction ID: D90846 Date of Disbursement  12  Y 2 0 0 9
City Springfield	State Zip Code IL 62705		Amount of Each Disbursement this Perioc
Purpose of Disbursement Contributions to Federal Candidates			1500.00
Candidate Name Rep. John M. Shimkus		Category/ Type	
Office Sought:    X   House   Senate   President     State:   IL   District: 19	Disbursement For: 2010  X Primary General  Other (specify) ▼		
Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS			Transaction ID: D90688 Date of Disbursement
Mailing Address 38 Risley Road			$ \begin{bmatrix} 1 & 2 & 1 & 2 \\ 1 & 2 & 2$
City Vernon	State Zip Code CT 06066		Amount of Each Disbursement this Period
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Candidate Name Rep. Joseph Courtney		Category/ Type	
Office Sought:  X House Senate President State: CT District: 02	Disbursement For: 2010  X Primary General  Other (specify) ▼		
Full Name (Last, First, Middle Initial) Lincoln Davis for Congress			Transaction ID: D90691 Date of Disbursement
Mailing Address PO Box 2002			$ \begin{bmatrix} M & M \\ 12 & M \end{bmatrix} / \begin{bmatrix} D & 1 & 4 \\ 0 & 1 & 4 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City Pall Mall	State Zip Code TN 38577		Amount of Each Disbursement this Period
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Candidate Name Rep. Lincoln Davis		Category/ Type	
Office Sought:    X   House     Senate     President     State: TN   District: 04	Disbursement For: 2010  X Primary General  Other (specify)		

# SCHEDULE B (FEC Form 3X)

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	Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS  Mailing Address P.O. Box 1441					Date of			D90 ement		ž 0 0 9	e Y
	City	State Zip Code				Amou	nt of	Each	Disbu	ırseme	ent this	Period
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	Full Name (Last, First, Middle Initial)  MARSHA BLACKBURN FOR CONGRES  Mailing Address PO Box 682185	S INC.						sburs	D90 ement	_	ž 0 č s	e Y
	City Franklin	State Zip Code TN 37068				Amou	nt of	Each	Disbu		ent this	
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	Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS						of Di	sburs	ement	0292		_
	Mailing Address 213 Lisbon Street					1 <sup>M</sup> 2	M	<sup>′</sup> □ C	) 1 /	Y.	ž 0 ŏ 9	) <sup>*</sup>
	City Lewiston	State Zip Code ME 04240				Amou	nt of	Each	Disbu		ent this	
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	Candidate Name Rep. Patrick T	. McHenry					ateg Typ	-							
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	Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS								ID: D		3	
	Mailing Address 100 W. College	e Ave.					1 <sup>M</sup> 2	M /	14	/ Y	žoŏ	9 <sup>Y</sup>
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or for commercial purposes, other than using the name at NAME OF COMMITTEE (In Full)  American Health Care Association Political Affective Full Name (Last, First, Middle Initial)  ZACK SPACE FOR CONGRESS COMMITT  Mailing Address 714 N WOOSTER AVENU  City St DOVER O  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Zack Space  Office Sought: X House Disbursement Senate President State: OH District: 18  Full Name (Last, First, Middle Initial)	Action Committee  EE  Eate Zip Co H 4462  ent For: 20 Primary 0	y political content of the political content o	Category/	Trai	nsaction I	ID: D903 rsement	37 Y 2 0 0 ement this	9 Y
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ZACK SPACE FOR CONGRESS COMMITT  Mailing Address 714 N WOOSTER AVENU  City St DOVER O  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Zack Space  Office Sought: X House Senate President State: OH District: 18  Full Name (Last, First, Middle Initial)	E ate Zip Cc H 4462  ent For: 20 Primary 0	010 General		Date 1	e of Disbu	rsement 0 2 /	Y 2 0 0	Period
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DOVER  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Zack Space  Office Sought: X House Disbursem Senate X F President State: OH District: 18  Full Name (Last, First, Middle Initial)	ent For: 20	010 General		Ame	ount of Eac	ch Disburs		
Contributions to Federal Candidates  Candidate Name Rep. Zack Space  Office Sought: X House Disbursem Senate X Fresident State: OH District: 18  Full Name (Last, First, Middle Initial)	Primary (	010 General					2000.0	O .
Rep. Zack Space  Office Sought: X House Disbursem Senate President State: OH District: 18  Full Name (Last, First, Middle Initial)	Primary (	010 General						
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Full Name (Last, First, Middle Initial)								
				1	saction I of Disbu	D: D905	37	
Mailing Address 850 FORT WAYNE AVENU		1 1 1 1	2 M /	08	žoŏ	9 <sup>Y</sup>		
City St INDIANAPOLIS IN	ate Zip Co J 4620			Amo	ount of Ea	ch Disburs		
Purpose of Disbursement Voided contribution of 10/22/09							-2500.0	D
Candidate Name Sen. Evan Bayh			Category/ Type					
		010 General						
Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U S SENAT	TE CAMPAIGN				saction I	D: D906	86	
Mailing Address PO BOX 3662				1 1 1 1	2 M / [	14	žoŏ	9 <sup>Y</sup>
•	ate Zip Co			Am	ount of Ea	ch Disburs		
Purpose of Disbursement Contributions to Federal Candidates							1500.0	D
Candidate Name Sen. Patty Murray			Category/ Type					
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SUBTOTAL of Disbursements This Page (optional)							1000.0	0

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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a		23 28b	24 28	С	25 29	
	y Information copied from such Reports and State for commercial purposes, other than using the nan											<b>;</b>
$\rangle$	NAME OF COMMITTEE (In Full)  American Health Care Association Political	al Action Committee										
	Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U S SEN	IATE CAMPAIGN				Date					, , , ,	V
	Mailing Address PO BOX 3662					1 <sup>™</sup> 2	/	0	D /	2	2 o ŏ s	)
	City SEATTLE	State Zip Code WA 98124				Amou	int of	Each	Disbur			
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	Candidate Name Sen. Patty Murray	.5		atego Type								
	X Senate President	ement For: 2010  Primary General Other (specify)										
	State: WA District: 00  Full Name (Last, First, Middle Initial)  PEOPLE FOR PATTY MURRAY U S SEN	IATE CAMPAIGN				Trans			D90 ement	297		
	Mailing Address PO BOX 3662					<sup>M</sup> 2	M /	<sup>D</sup> 0	D /	Y	o ŏ s	Y
	City SEATTLE	State Zip Code WA 98124				Amou	int of	Each	Disbur			
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	Candidate Name Sen. Patty Murray			atego Typo								
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	State: WA District: 00  Full Name (Last, First, Middle Initial)  FRIENDS OF SHERROD BROWN					Trans			D90 ement	288		
	Mailing Address PO BOX 76187					<sup>M</sup> 2	M /	<sup>D</sup> 0	D /	Y	2 0 0 S	Y
	City WASHINGTON	State Zip Code DC 20013				Amou	ınt of	Each	Disbur	semer	nt this F	Perioc
	Purpose of Disbursement Contributions to Federal Candidates					L.				10	00.00	
	Candidate Name Sen. Sherrod Brown			atego Type								
	9 🗎 –	ement For: 2012  Primary General Other (specify)	_		_							
	State: OH District: 00	Other (specify)										

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5(	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 32/32
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 22   X   23   24   25   26 28a   28b   28c   29   30b
	y Information copied from such Reports and S for commercial purposes, other than using the		, ,	, ,
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	American Health Care Association Po	litical Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: D90687
	Come Back PAC			Date of Disbursement
	Mailing Address PO Box 2485			12 14 2009
	City Springfield	State Zip Code VA 22152		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal PACs/Committees			1000.00
	Candidate Name Come Back PAC	C	Category/ Type	
	Office Sought: House Dis Senate President	bursement For: 2010 Primary X General Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
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